

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1	1			
3		2		1		
4		3		1		
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18	1	17	1			
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26		25				
27		26				
28		27				
29		28				
30		29				
31		30				
32		31				
33		32				
34		33				
35		34				
36		35				
37		36				
38		37				
39		38				
40		39				
41		40				
42		41				
43		42				
44		43				
45		44				
46		45				
47		46				
48		47				
49		48				
50		49				
TOTAL IND.		↓	5	↓		↓
TOTAL DEP.	←		81	←		←
TOTAL CLAIMS			86			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53		2				
54		3				
55		4				
56		5				
57		6				
58		7				
59		8				
60		9				
61		10				
62		11				
63		12				
64		13				
65		14				
66		15				
67		16				
68		17				
69		18				
70		19				
71		20				
72	1	21	1			
73		22				
74		23				
75	1	24	1			
76		25				
77		26				
78		27				
79		28				
80		29				
81		30				
82		31				
83		32				
84		33				
85		34				
86		35				
87		36				
88		37				
89		38				
90		39				
91		40				
92		41				
93		42				
94		43				
95		44				
96		45				
97		46				
98		47				
99		48				
100		49				
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						